# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Eleanor S. Wilson, et al.

Art Unit: 3694

Serial No.: 09/681,412

Examiner: Colbert, Ella

Filed: March 30, 2001

For: METHODS AND SYSTEMS

FOR FINANCING

Mail Stop: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### **TRANSMITTAL**

1. Transmitted herewith is:
Transmittal (3 pages)
Amendment in response to Office Action dated November 1, 2007 (20 pages)

#### **STATUS**

2. Applicant claims small entity status. is other than a small entity.

### **EXTENSION OF TERM** The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. (complete (a) or (b), as applicable) Applicant petitions for an extension of time under 37 C.F.R. 1.136 $\boxtimes$ (a) (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:) Small entity Fee Other than small Extension for response (if applicable) within: entity Fee \$ 60.00 first month \$ 120.00 second month \$ 230.00 460.00 third month 1,050.00 \$ 525.00 fourth month 1,640.00 \$ 820.00 fifth month \$ 2,230.00 \$1,115.00 \$460.00 Fee: If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable) An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$460.00 OR

Applicant believes that no extension of term is required. However, this

applicant has inadvertently overlooked the need for a petition for extension

conditional petition is being made to provide for the possibility that

(b)

of time.

## FEE FOR CLAIMS

. Т	Tha fee	for cla	ims (37 (		OR CLAIN	vis been calculated as s	hown	below:	
· <u>,                                     </u>	(Col. 1)		1113 (57	(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		MINUS	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE x \$25.00 = \$	OR	ADDITIONAL RATE FEE x \$50.00 = \$	
TOTAL INDEP.		<u> </u>	MINUS			x \$105.00 = \$		x \$210.00 = \$	
	FIRST PRESEN		TATION OF	MULTIPLE DEP. (	CLAIM	+ \$185.00 = \$		+ \$370.00 = \$	
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$	
	(a)	$\boxtimes$	No add	itional fee fo	r Claims is	required			
	(b)		Total a			required \$			
5.		FEE PAYMENT Attached is a check in the sum of \$							
	$\boxtimes$	Charge Deposit Account No. 01-2384 the sum of \$460.00. A duplicate of this transmittal is attached.							
6.	FEE DEFICIENCY  If any additional extension and/or fee is required, charge Deposit Account N 01-2384.								
	$\boxtimes$	AND/OR  If any additional fee for claims is required, charge Deposit Account No. 01-2384.							
7.		Other	:		Re	niel M. Fitzgerald g. No. 38,880	(de)	<del>9</del>	
					On St.	MSTRONG TEAS e Metropolitan Squ Louis, MO 63102 4-621-5070			